

# Indiana State Police Clandestine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 05/10/2014

Street: 300 BLK S. WILDER ST.

Incident #: 14ISPC003910

Apt, Lot, Room #:

County: DECATUR

City: GREENSBURG, IN 47240

## Type of Laboratory Seizure (check one)

- ☒ Lab Seizure  
☐ Chemical Seizure  
☐ Equipment Seizure  
☐ Dumpsite Seizure

## Seizure Location (check all that apply)

- ☐ Residence ☐ Hotel/Motel  
☐ Outbuilding ☒ Open – No Structure  
☐ Vehicle ☐ Business  
☐ Other: \_\_\_\_\_

**Apt., hotel, multi-family dwelling:** Shared HVAC: ☐ Yes ☐ No ☐ Unknown

## Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

- ☒ One Pot or Birch Reaction(s): RR TRACKS  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Hydrochloric Acid Gas Generator(s): RR TRACKS  
☐ Flammable Solvents: RR TRACKS

- ☒ Water Reactive Metal (Lithium): RR TRACKS  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☐ Corrosive Acid: \_\_\_\_\_  
☐ Corrosive Base: \_\_\_\_\_  
☐ Ammonium Nitrate/Sulfate: \_\_\_\_\_  
☒ Other (item and location): BLISTERS RR TRACKS

## Child under age 18 discovered (check appropriate)

- ☐ Yes \_\_\_\_\_ (number present)  
☐ No  
☐ Children not present but evidence they reside or visit often

Living conditions of home: ☐ clean ☐ disarray  
☐ unclean  
Estimated length of time manufacturing had been occurring: \_\_\_\_\_  
Additional Information: \_\_\_\_\_

## Vehicle, Travel Trailer, RV or Watercraft Information:

Owner: \_\_\_\_\_  
VIN: \_\_\_\_\_  
Year: \_\_\_\_\_

Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Color: \_\_\_\_\_

## This report has been faxed\* or emailed to the following agencies that serve the location:

Fire Department: GFD

Fax: EMAIL

Health Department County: DCHD

Fax: EMAIL

Department of Child Services Hotline: [dcshotlinereports@dcs.in.gov](mailto:dcshotlinereports@dcs.in.gov) Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact  
Investigating Officer: H. AYERS Phone 317.234.4591

\*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.